

CONFIDENTIAL

***CALIFORNIA STATE LOTTERY
SECURITY DIVISION***



CONTRACTOR DISCLOSURE

CONTRACTOR DISCLOSURE

INTRODUCTION

Section 8880.38 of the California Lottery Act requires the Director, Security Division, to assure the integrity, honesty, and fairness in the operation and administration of the California State Lottery.

To accomplish this, the Director, Security Division, has the authority to conduct an examination of the qualifications of all prospective and current employees, prospective and current Lottery Game Retailers, and prospective and current Lottery suppliers as defined in the Section 8880.57 of the California Lottery Act. This includes the ability to access criminal history records and require fingerprinting.

This questionnaire is designed to fulfill this requirement, and provide the Director, Security Division, the ability to adequately determine the contractor's or prospective contractor's qualifications.

Completion of this form is a mandatory condition of contracting. Unless otherwise indicated, failure to provide all of the information requested on this questionnaire may prevent you from contracting with the California State Lottery.

INSTRUCTIONS

Read each question carefully before answering. Type or neatly print an answer to each question. If a question does not apply, enter "N/A". If the space provided is insufficient, enter the information requested on a separate piece of paper and include it with the disclosure package. Be sure to reference the number of the question you are answering.

Do not misstate or omit any material fact(s). The applicant is hereby advised they are seeking the granting of a contract with the California State Lottery, and that the burden of providing favorable qualification is on the applicant at all times.

Each page of this questionnaire, including attachments, must be initialed by the applicant, or by a representative who has the authority to act on the applicant's behalf and can attest to the accuracy of the information. The disclosure must be signed by the same person. This questionnaire must also be notarized.

All applicants are advised this Contractor Disclosure Questionnaire is an official document of the California State Lottery, Security Division. Any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal or revocation of a contract with the California State Lottery.

PRIVACY NOTICE

The California Information Practices Act of 1977 requires that this notice be provided on all state agency forms, which collect personal information.

This information is being requested in order to examine your qualifications to be a contractor for the California State Lottery as required by section 8880.38 of the California Lottery Act and to ensure compliance with section 8880.57 of the Act.

The Information you provide will only be disclosed to those persons(s) who are authorized by law to have access. Confidentiality will be observed. The information you provide may be disclosed to other government and law enforcement agencies including, but not limited to: The State Controller's Office, Department of Motor Vehicles (DMV), Department of Justice (DOJ), Federal Bureau of Investigation (FBI), and other federal, state and local law enforcement agencies. You have the right of restricted access to your background investigation records pursuant to Sections 1798.38 and 1798.40 of the Information Practices Act and Sections 11080, 11081, 11105, and 11131 of the California Penal Code. For further information on accessing your record, please contact the CSL Information Practices Act Coordinator, Business Services Section, 600 North 10th Street, Sacramento, CA, 95814.

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		BUSINESS INFORMATION			
NAME OF BUSINESS					
TRADE NAME/DBA					
STREET ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	TELEPHONE
STREET ADDRESS OF BUSINESS RECORDS		CITY	STATE	ZIP CODE	TELEPHONE
TYPE OF BUSINESS <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> SOLE PROPRIETORSHIP</div><div><input type="checkbox"/> CORPORATION</div><div><input type="checkbox"/> TRUST</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> PARTNERSHIP</div><div><input type="checkbox"/> JOINT VENTURE</div><div><input type="checkbox"/> OTHER _____</div></div>					
PRINCIPAL BUSINESS ACTIVITY					
STATE OF INCORPORATION					
IF BUSINESS IS INCORPORATED IN A STATE OTHER THAN CALIFORNIA, HAS THE CORPORATION QUALIFIED AS A FOREIGN CORPORATION WITH THE CALIFORNIA SECRETARY OF STATE? <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div><div>IF YES, ENTER FILE NUMBER HERE: _____</div></div>					
NAME OF PARENT COMPANY					
STREET ADDRESS OF PARENT COMPANY		CITY	STATE	ZIP CODE	TELEPHONE
NAME(S) AND ADDRESS(ES) OF ANY SUBSIDIARY OF THIS BUSINESS					
NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	
IS COMPANY: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> CLOSELY HELD</div><div><input type="checkbox"/> PUBLICLY HELD</div><div>***IF PUBLICLY HELD, ATTACH MOST RECENT REPORT (10K, 10Q)***</div></div>					
BUSINESS ORGANIZATIONAL CHARTS: ATTACH A DIAGRAM DEPICTING DIRECT AND INDIRECT BUSINESS RELATIONSHIPS BETWEEN THE BUSINESS AND PARENT COMPANIES. DIAGRAM MUST IDENTIFY ALL COMPANIES UNTIL ULTIMATE OWNERSHIP HAS BEEN IDENTIFIED.					

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		OFFICER LIST			
IF A BUSINESS IS A CORPORATION, LIST EACH OFFICER. IF YOU NEED ADDITIONAL SPACE, PLEASE MAKE PHOTOCOPIES OF THIS BLANK PAGE AND ATTACH ADDITIONAL PAGES TO THE BACK OF THIS FORM. INDICATE NUMBER OF DUPLICATED PAGES: PAGE ____ OF ____					
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
POSITION HELD				PERCENTAGE OF STOCK HELD	
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
POSITION HELD				PERCENTAGE OF STOCK HELD	
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
POSITION HELD				PERCENTAGE OF STOCK HELD	
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
POSITION HELD				PERCENTAGE OF STOCK HELD	
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE TELEPHONE
POSITION HELD				PERCENTAGE OF STOCK HELD	

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INITIALS: _____

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DIRECTOR LIST

IF A BUSINESS IS A CORPORATION, LIST EACH DIRECTOR. IF YOU NEED ADDITIONAL SPACE, PLEASE MAKE PHOTOCOPIES OF THIS BLANK PAGE AND ATTACH ADDITIONAL PAGES TO THE BACK OF THIS FORM. INDICATE NUMBER OF DUPLICATED PAGES: PAGE ____ OF ____

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
POSITION HELD		PERCENTAGE OF STOCK HELD		

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
POSITION HELD		PERCENTAGE OF STOCK HELD		

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
POSITION HELD		PERCENTAGE OF STOCK HELD		

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
POSITION HELD		PERCENTAGE OF STOCK HELD		

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INITIALS: _____

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	OWNERS- PARTNERS – STOCKHOLDERS	
--	--	--

LIST ALL OWNERS-PARTNERS-STOCKHOLDERS WHO HOLD INTEREST IN THE BUSINESS OR CORPORATE STOCK. IF A PUBLICLY HELD CORPORATION, LIST THE STOCKHOLDERS KNOWN TO OWN 5% OR MORE OF THE CORPORATE STOCK. A COMPLETE CONTRACTOR DISCLOSURE IS REQUIRED FOR EACH ENTITY THAT HOLDS A CONTROLLING INTEREST IN THE BUSINESS.

IF YOU NEED ADDITIONAL SPACE, PLEASE MAKE PHOTOCOPIES OF THIS BLANK PAGE AND ATTACH ADDITIONAL PAGES TO THE BACK OF THIS FORM. INDICATE NUMBER OF DUPLICATED PAGES: PAGE _____ OF _____

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
POSITION HELD		PERCENTAGE OF STOCK HELD		

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
POSITION HELD		PERCENTAGE OF STOCK HELD		

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
POSITION HELD		PERCENTAGE OF STOCK HELD		

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
POSITION HELD		PERCENTAGE OF STOCK HELD		

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INITIALS: _____

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		CPA OR ACCOUNTANT LIST			
LIST BUSINESS CPA OR ACCOUNTANT AND ATTORNEY. IF YOU NEED ADDITIONAL SPACE, PLEASE MAKE PHOTOCOPIES OF THIS BLANK PAGE AND ATTACH ADDITIONAL PAGES TO THE BACK OF THIS FORM. INDICATE NUMBER OF DUPLICATED PAGES: PAGE ____ OF ____					
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE
POSITION		COMPANY NAME			
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE
POSITION		COMPANY NAME			
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE
POSITION		COMPANY NAME			
		BUSINESS ATTORNEY			
NAME		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
RESIDENCE STREET ADDRESS		CITY		STATE	ZIP CODE
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE
LAW FIRM NAME					

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INITIALS: _____

LEGAL PROCEEDINGS

DOES THE BUSINESS, ANY OWNER, OFFICER, DIRECTOR, OR STOCKHOLDER ANTICIPATE BEING A PART Y TO A LAWSUIT? IN THE EVENT OF A PUBLICLY HELD CORPORATION, LIST ONLY THOSE STOCKHOLDERS KNOWN TO OWN 5% OR MORE OF THE CORPORATE STOCK. ☐ YES ☐ NO

IF YES, PROVIDE THE INFORMATION REQUESTED BELOW. PROVIDE, ON A SEPARATE PIECE OF PAPER, A DETAILED EXPLANATION OF THE ALLEGATIONS. INCLUDE SPECIFICS AS TO THE CURRENT, KNOWN STATUS OF THE LAWSUIT.

	DATE	DEFENDANT(S) NAME, POSITION HELD IN BUSINESS	PLAINTIFF'S NAME NAME, ADDRESS OF PRESIDING COURT	NATURE OF PROCEEDINGS. PROVIDE DOCKET #/CASE/FILE/OTHER IDENTIFIER
A				
B				
C				
D				
E				
F				

HAS THE BUSINESS OR ANY OWNER, OFFICER, DIRECTOR OR STOCKHOLDER OF THE BUSINESS, OR, IN THE EVENT OF A PUBLICLY HELD CORPORATION, THOSE STOCKHOLDERS OWNING 5% OR MORE OF THE CORPORATE STOCK, EVER BEEN SUBPOENAED AND/OR TESTIFIED BEFORE ANY MUNICIPAL COURT, PROVINCIAL, STATE, FEDERAL, OR NATIONAL COURT, AGENCY, COMMITTEE, GRAND JURY OR INVESTIGATORY OR REGULATORY BODY, OTHER THAN IN RESPONSE TO A TRAFFIC SUMMONS?

☐ YES ☐ NO

IF YES, PROVIDE THE INFORMATION REQUESTED BELOW. PROVIDE, ON A SEPARATE PIECE OF PAPER, A DETAILED EXPLANATION OF THE PROCEEDINGS. IINCLUDE SPECIFICS AS TO THE CURRENT, KNOWN STATUS OF THE PROCEEDINGS.

	DATE	DEFENDANT(S) NAME, HELD IN BUSINESS (IF APPLICABLE)	NAME, ADDRESS OF PRESIDING COURT	NATURE OF PROCEEDINGS. PROVIDE DOCKET #/CASE/FILE/OTHER IDENTIFIER
A				
B				
C				
D				
E				
F				

CONTRACTOR DISCLOSURE

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LEGAL PROCEEDINGS

HAS THE BUSINESS, ANY OWNER, OFFICER, DIRECTOR OR STOCKHOLDER OF THE BUSINESS, OR, IN THE EVENT OF A PUBLICLY HELD CORPORATION, THOSE STOCKHOLDERS OWNING 5% OR MORE OF THE CORPORATE STOCK, EVER BEEN THE SUBJECT OF AN INVESTIGATION CONDUCTED BY A GOVERNMENTAL INVESTIGATORY AGENCY FOR ANY REASON?

☐ YES ☐ NO

IF YES, PROVIDE THE INFORMATION REQUESTED BELOW. PROVIDE, ON A SEPARATE PIECE OF PAPER, A DETAILED EXPLANATION OF THE ALLEGATIONS. INCLUDE SPECIFICS AS TO THE CURRENT, KNOWN STATUS OF THE INVESTIGATION.

	DATE	DEFENDANT(S) NAME, POSITION HELD IN BUSINESS	NAME, ADDRESS OF GOVERNMENT AGENCY	NATURE OF PROCEEDINGS. PROVIDE DOCKET #/CASE/FILE/OTHER IDENTIFIER
A				
B				
C				
D				
E				
F				

HAS THE BUSINESS ENTITY, OR ANY OWNER, OFFICER, DIRECTOR OR STOCKHOLDER OF THE BUSINESS ENTITY, OR, IN THE EVENT OF A PUBLICLY HELD CORPORATION, THOSE STOCKHOLDERS OWNING 5% OR MORE OF THE CORPORATE STOCK, EVER BEEN NAMED AS A DEFENDANT OR CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THIS STATE OR ANY OTHER JURISDICTION?

☐ YES ☐ NO

IF YES, PROVIDE THE INFORMATION REQUESTED BELOW. PROVIDE, ON A SEPARATE PIECE OF PAPER, A DETAILED EXPLANATION OF THE ORIGINAL CHARGE/ALLEGATIONS AS WELL AS ANY AMENDED CHARGES. INCLUDE SPECIFICS AS TO THE CURRENT, KNOWN, STATUS OF THE CRIMINAL PROCEEDINGS.

	DATE	DEFENDANT(S) NAME, POSITION HELD IN BUSINESS	NAME, ADDRESS OF PRESIDING COURT	NATURE OF PROCEEDINGS. PROVIDE DOCKET #/CASE/FILE/OTHER IDENTIFIER
A				
B				
C				
D				
E				
F				

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LEGAL PROCEEDINGS

HAS THE BUSINESS, OR ANY OWNER, OFFICER, DIRECTOR OR STOCKHOLDER OF THE BUSINESS, OR, IN THE EVENT OF A PUBLICLY HELD CORPORATION, THOSE STOCKHOLDERS OWNING 5% OR MORE OF THE CORPORATE STOCK OR ANY SUBSIDIARY, EVER BEEN A DEFENDANT OR RESPONDENT IN ANY OF THE FOLLOWING:

☐ YES ☐ NO

IF YES, PROVIDE SPECIFICS OF EACH INCIDENT AS WELL AS THE CURRENT STATUS/DISPOSITION.

- ☐ ANTI-TRUST CASE
- ☐ TRADE REGULATION VIOLATIONS
- ☐ SECURITY JUDGEMENTS
- ☐ LICENSE DENIALS OR SUSPENSIONS
- ☐ ANY TAX LIENS
- ☐ FRANCHISE TAX BOARD SUSPENSIONS

HAS THE BUSINESS SUSTAINED A LOSS WHERE AN INSURANCE PAYMENT OF \$50,000 OR MORE WAS RECEIVED?

☐ YES ☐ NO

IF YES, PROVIDE SPECIFICS AND CURRENT STATUS/DISPOSITION OF THE CLAIM. INCLUDE THE NAME AND ADDRESS OF THE INSURANCE COMPANY THAT HANDLED THE CLAIM.

HAS THE BUSINESS OR ANY OWNER, OFFICER, DIRECTOR OR STOCKHOLDER EVER SUSTAINED A LOSS BY FIRE WHERE ARSON WAS SUSPECTED BY AN INSURANCE COMPANY OR LAW ENFORCEMENT AGENCY? IN THE EVENT OF A PUBLICLY HELD CORPORATION, LIST ONLY THOSE STOCKHOLDERS KNOWN TO OWN 5% OR MORE OF THE CORPORATE STOCK.

☐ YES ☐ NO

IF YES, PROVIDE SPECIFICS OF THE INCIDENT. INCLUDE THE NAME AND ADDRESS OF THE INVESTIGATING AGENCY AND ANY PERTINENT CASE OR FILE NUMBERS.

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LEGAL PROCEEDINGS

HAS THE BUSINESS, OR ANY OWNER, OFFICER, DIRECTOR OR STOCKHOLDER OF THE BUSINESS, OR, IN THE EVENT OF A PUBLICLY HELD CORPORATION, THOSE STOCKHOLDERS OWNING 5% OR MORE OF THE CORPORATE STOCK, EVER BEEN DEEMED LEGALLY BANKRUPT OR FILED A PETITION FOR ANY TYPE OF BANKRUPTCY OR INSOLVENCY, UNDER ANY BANKRUPTCY OR INSOLVENCY LAW?

☐ YES ☐ NO

IF YES, PROVIDE THE INFORMATION REQUESTED BELOW. PROVIDE, ON A SEPARATE PIECE OF PAPER, A DETAILED EXPLANATION OF THE ALLEGATIONS. INCLUDE SPECIFICS AS TO THE CURRENT, KNOWN STATUS OF THE INVESTIGATION.

	DATE	DOCKET #	NAME, ADDRESS PRESIDING COURT	NAME, ADDRESS FILING PARTY	NAME, ADDRESS OF TRUSTEE
A					
B					
C					
D					
E					
F					

FINANCIAL INFORMATION

LIST ALL FINANCIAL INSTITUTIONS WITH WHICH YOUR BUSINESS OR SUBSIDIARIES DOES BUSINESS.

	BUSINESS/SUBSIDIARY NAME	NAME, ADDRESS FINANCIAL INSTITUTION	LENGTH WITH INSTITUTION	AUTHORIZED SIGNATURE
A				
B				
C				
D				
E				
F				
G				
H				

CONTRACTOR DISCLOSURE

	FINANCIAL INFORMATION (CON'T)	
--	----------------------------------	--

DESCRIBE THE NATURE, TYPE, TERMS, COVENANTS AND PRIORITIES OF ANY OUTSTANDING PAYMENT BONDS, LOANS, MORTGAGES, TRUST DEEDS, NOTES, DEBENTURES OR OTHER FORMS OF INDEBTEDNESS ISSUED OR EXECUTED, OR TO BE ISSUED OR EXECUTED BY THE CORPORATION, WHICH MATURE MORE THAN ONE YEAR FROM THE DATE OF ISSUANCE.

LIST ALL MORTGAGES OR OTHER HOLDERS OF LONG-TERM DEBT THAT THE BUSINESS OR ANY SUBSIDIARY HAS OUTSTANDING.

	BUSINESS/SUBSIDIARY NAME	NAME, ADDRESS OF HOLDER	MORTGAGE OR DEBT	MORTGAGE/DEBT AMOUNT
A				
B				
C				
D				
E				
F				
G				

H

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INITIALS: _____

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DONATIONS

LIST ALL REPORTABLE POLITICAL CONTRIBUTIONS MADE IN CALIFORNIA FOR THE LAST FIVE (5) YEARS.

	CANDIDATE'S NAME	CANDIDATE'S OFFICE/JURISDICTION	DATE OF CONTRIBUTION	AMOUNT CONTRIBUTED
A				
B				
C				
D				
E				
F				
G				
H				

SUBCONTRACTORS

LIST ALL KNOWN SUBCONTRACTORS THE BUSINESS INTENDS TO UTILIZE WITH THE CSL CONTRACT IF AWARDED THE CONTRACT. LIST THE NAME(S), ADDRESS(ES), AND CONTACT PERSON(S) FOR EACH SUBCONTRACTOR. IDENTIFY IN DETAIL THE SERVICE EACH SUBCONTRACTOR IS TO PROVIDE, INCLUDING THE MONETARY VALUE OF THE SUB-CONTRACT. ALSO PROVIDE COPIES OF PERTINENT AGREEMENTS MADE WITH EACH SUBCONTRACTOR.

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INITIALS: _____

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	ATTACHMENT CHECK LIST	
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PLEASE ATTACH COPIES OF THE BELOW LISTED DOCUMENTS TO YOUR DISCLOSURE PACKAGE. PLACE "N/A" TO THE LEFT OF THE DOCUMENT NAME IF THE DOCUMENT DOES NOT APPLY. FAILURE TO PROVIDE A REQUIRED DOCUMENT MAY BE DEEMED SUFFICIENT CAUSE FOR REJECTING A BID.

- _____ Articles of Incorporation
- _____ Annual Statement of Officers
- _____ Corporate Certificate
- _____ Annual Statement of Domestic Stock
- _____ Annual Statement of Foreign Corporation
- _____ Partnership Agreement
- _____ Trust Agreement
- _____ Joint Venture Agreement
- _____ Charter
- _____ By Laws
- _____ Organization Chart

- _____ Annual Reports
- _____ Quarterly Reports
- _____ Interim Reports
- _____ Financial Statement

- _____ Bankruptcy Filings, Receivership Proceedings

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STATE OF: _____

COUNTY OF: _____

I, _____, have read the foregoing disclosure documentation and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of information requested; that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for rejecting the submitted bid. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denying or canceling a contract. I also understand that public disclosure of this application is governed by the California Public Records Act, which law mandates disclosure of this application, upon request, except for information concerning personal worth, personal financial data, criminal history, military discipline, and personal information such as home telephone number, home address, social security number, driver's license number, etc.

I swear under penalty of perjury that
the foregoing is true and correct.

Signature of Applicant

Subscribed and Sworn to before me this _____ day

Of _____, 20_____.

Notary Public

(SEAL)

INITIALS: _____

CONTRACTOR DISCLOSURE

			LEGAL PROCEEDINGS			
LIST ALL LAWSUITS FOR THE LAST 10 YEARS, INCLUDING CURRENT LAWSUITS, INVOLVING THE BUSINESS, ANY OWNER, OFFICER, DIRECTOR OR STOCKHOLDER OF THE BUSINESS, PARENT COMPANY OR ANY SUBSIDIARY, EXCLUDING ANY FAMILY LAW PROCEEDING. IN THE EVENT OF A PUBLICLY HELD CORPORATION, INCLUDE ONLY THOSE STOCKHOLDERS KNOWN TO OWN 5% OR MORE OF THE CORPORATE STOCK.						
DATE FILED	DOCKET NUMBER	NAME, ADDRESS OF COURT	DEFENDANT	PLAINTIFF(S)	NATURE OF SUIT	DISPOSITION

INITIALS: _____